

**New Hampshire Department of Health and Human Services**  
**Official Response to Vendor Questions**  
**Alcohol and Other Drug (AOD) Continuum of Care System Supports RFP**



No.	Question	Answer
1.	<p>Section 3.7.4. states that the Vendor must conduct Cost-Effective Reporting activities including the creation and production of a Program Inventory Report (3.7.4.1.) that includes an inventory of all alcohol and drug abuse prevention treatment, and recovery programs funded in whole or in part by the Commission.</p> <p><i>Define prevention, treatment and recovery programs. Is the Department referring to an agency that provides various levels of care as a “program” or is a specific level of care such as MAT considered a “program?”</i></p>	<p>Program is defined as a set of systematic activities that engage participants in order to achieve desired outcomes. Examples would be Medication Assisted Treatment, residential services, or outpatient services.</p>
2.	<p>Section 3.7.4.3. states that the Vendor must create and produce a Cost-Effectiveness and Outcomes report for the Commission that includes: Findings relative to the outcomes (3.7.4.3.1.), Cost-effectiveness of programs and projects (3.7.4.3.2.) and Evidence of effectiveness of programs funded in whole or in part by the Commission (3.7.4.3.3.).</p> <p><i>It is our understanding that each of these tasks can be accomplished using published literature including the Pew-MacArthur Results First Clearinghouse Database. Given this understanding, our assumption is that additional primary data collection is not required/expected to be conducted by the Vendor in order to carry out those tasks. If this assumption is not correct, please explain.</i></p>	<p>The assumption is correct to the extent evidence of effectiveness is available for the selected programs within the published literature. To the extent the evidence is not available, the contractor may have to create a system to measure programmatic effectiveness.</p>

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3.	<p>Section 3.7.4.5. states that the cost-effectiveness analysis performed permits comparisons between selected programs within a given category.</p> <p><i>How does the Department define "category?" If the categories are defined as "prevention," "treatment," and "recovery," are there sub-categories within these broad categories that would allow for appropriate comparisons? If so, please provide an example of an appropriate comparison within a category.</i></p>	<p>The categories are defined as prevention, treatment, and recovery. As part of the evaluation design, if the vendor recommends and identifies the subcategories within the broader categories, that would be acceptable.</p>
4.	<p>The term "cost effectiveness" is used throughout the addendum. <i>Please define.</i></p>	<p>Cost-effectiveness analysis is defined as an economic evaluation in which the costs and consequences of alternative interventions are expressed as cost per unit of outcome. This is in comparison to a cost-benefit analysis, which would estimate the social benefit of a program or intervention as the incremental benefit of the program minus the incremental cost, with all benefits and costs measured in US dollars.</p>